	CLAIMS ONL	Application Number Filing Date Applicant(s) Filing Date				
•	8-	5/20/010	* May be used for a	iditional claims or an	nendments	
	AM	ER FIRST AFTER SECOND ENDMENT AMENDMENT	•	•		
	Indep Depend Inde	Depend Indep Depend	51 Indep	Depend Indep	Depend Indep	Depend
	3		52 53			
	4		54			
	5 -		55 56	 		
	7 8		57 58			
	. 9		59			
	10		60			
	12		62			
•	14		64			
	15		65 66	 	 	
•	17		67 68			
	19		69			
	20 7	 	70	 		
	22		72 73			·
	23 24		74			
	25 26		75 76			
•	27		77 ·			· ·
•	28 29		78 79	<u> </u>	 	+
	30		80 81			
•	32		82			
	33 34	+	83 84			4
	35 36		85 86			
	37		87		 	•
	38 39		88 89			
	40		90			
	41 42		91 92	 	+ +	-
•	43 44		93 . 94			
	45		95			
	48 47		96 97	 	 	
	48		98		 	
	49 50	 	99	+ +	+ +	+
	Total Indep	11511	Total Indep		Ti	TT .
	Yotal 4		Total	ــــا الـــــــا	I	-J